CLARIFICATION OF MEDICAL POLICY FOR SKIN LESION REMOVAL

The purpose of this communication is to clarify the reference to Efudex topical cream contained in our local medical review policy (LMRP) for skin lesion removal. This policy was published in the October, 1996 special edition of the "Medicare B Update!"

The above referenced policy in no way circumvents physician judgment. The skin lesion LMRP simply seeks to articulate when excision or destruction (e.g., laser treatment, chemical treatments) is considered medically necessary. There are clinical criteria cited in the skin lesion LMRP that constitute appropriateness. Several of the criteria are:

- When the patient presents with an actinic keratosis that has changed in size, has developed erythema, has thickened, has ulcerated, has eroded, has developed changes at the tumor margins, has become markedly hyperkeratotic, in which pain has developed and/or a cutaneous horn has developed;

- When the patient presents with an actinic keratosis of the lower-lip, upper-lip, conjunctivae, nose, ear, or eyelid;

- When the patient presents with actinic keratosis and has a history of one of the following: chronic immunosuppression, treatment of psoriasis with psoralen-ultraviolet A (PUVA) therapy, xeroderma pigmentosum, albinism, or discoid lupus erythematosus, and/or previous treatment of a biopsy-proven Squamous Cell Carcinoma or other skin malignancy;

- When a patient presents with a keratosis and has a history of significant exposure to therapeutic or occupational radiation therapy;

- When the patient has multiple actinic keratoses and has self-administered 2% to 5% Efudex topical cream for two to four weeks and the actinic keratoses have not responded to this treatment one to two months following treatment.

There has been considerable misunderstanding of the reference to Efudex. A fundamental principal in the policy is that treatment of asymptomatic actinic keratosis is medically unnecessary. This would be true for any method of treatment, e.g., surgical, laser or cryogenic destruction, or use of topical creams (chemical destruction). Because literature indicates that lesions failing topical treatment with Efudex suggests a higher likelihood of malignancy, we have allowed for coverage in these cases. In other words, a failure of Efudex establishes a clinical criterion for a lesion being suspicious versus asymptomatic.

In short, our skin lesion LMRP lays out the criteria for when the removal of skin lesions is appropriate. The policy both reduces inappropriate billing and protects beneficiaries from unnecessary procedures. Should additional medical literature or other information relevant to this matter become available, providers are always free to contact us and request policy changes. In addition, we continue to offer formal appeal rights to providers who believe their claims were improperly denied.